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ABSTRACT

Three brief papers review the literature and report on a study concerning the concept of functional impairment in light of regulations requiring both a psychiatric diagnosis and functional impairment for access to mental health care by children and adolescents with emotional disturbances. The first, very brief summary is: "The Origin, Meaning and Use of Adaptive Functioning in Defining Mental Health Problems" (Sara M. Horwitz and others), which traces the history of the concept of adaptive functioning. The second summary is: "Service Needs and Use for Serious Emotional Disturbance: A Community Study" (E. Jane Costello). This study examined the prevalence of serious emotional disturbance (SED) in a large rural area and found that SED criteria identify about one child in 10, of which only one in three is currently receiving any services. The third summary is: "The Validity of Serious Emotional Disturbance as a Marker for Need for Services" (Adrian Angold). It finds that while the requirement of both psychiatric diagnosis and functional impairment does identify children with high levels of need for service, many children with marked functional impairment but less severe psychopathology will be excluded from services. (DB)

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Symposium:

Symptoms and Functioning: Service Implications of Recent Research on Serious Emotional Disturbance

Authors

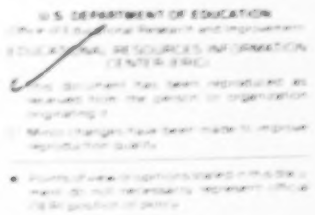
Introduction Origin, Meaning and Use Service Needs Validity

Shortcuts

Introduction

E. Jane Costello

Recent changes in regulations governing access to mental health care resources for children have included requirements that children not only have a psychiatric disorder but also be functionally impaired. This has aroused interest in the concept of functional impairment or adaptive functioning (i.e., its history, measurement, and significance as an indicator of need for services). In this symposium, (a) Dr. Horwitz traces the history of the concept, (b) Dr. Costello describes its prevalence and correlates in the community, and (c) Dr. Angold discusses evidence for impairment as a marker of service need.



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The Origin, Meaning and Use of Adaptive Functioning in Defining Mental Health Problems

Sara M. Horwitz, K. Hoagwood, S. S. Sparrow & E. Triche

The concept of adaptive functioning grew out of the study of mental retardation. Concerns with decreased intellectual functioning became important because of increased societal demands brought on by industrialization, urbanization, and universal public education. Early work around quantification of intellectual abilities revealed variations in functioning not uniformly related to intellectual levels. These differences in functioning were related, however, to an individual's ability to perform age-appropriate social roles and became incorporated into the definition of mental retardation. For those with severe and persistent mental illness, the need to differentiate individuals with respect to prognosis and services planning led to an interest in adaptive functioning and its eventual inclusion in the multiaxial classification system of the Diagnostic and Statistical Manual (DSM), 3rd Edition. Unfortunately, measurement of adaptive functioning within the definition of mental disorders is underdeveloped and has been confined largely to a single global measure of functional impairment.

Service Needs and Use for Serious Emotional Disturbance: A Community Study

E. Jane Costello

Many federal and state agencies and insurance companies are adopting the federal definition of Serious Emotional Disturbance (SED) as the criterion for child psychopathology of sufficient severity to require services. SED is defined as a DSM-defined psychiatric disorder resulting in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Methods

In the Great Smoky Mountains Study, we examined the prevalence of SED in a representative population sample of children age 9 - 13, randomly selected from a largely rural area of the southeastern United States. Interviews with 1,015 parent and child pairs were conducted by trained interviewers using (a) the Child and Adolescent Psychiatric Assessment (CAPA) which assesses DSM-III-R disorders and functional impairment, and (b) the Child and Adolescent Services Assessment (CASA) which records service use across five service sectors (i.e., specialty mental health, education, primary care, juvenile justice, and child welfare). Functional impairment was also evaluated using the Children's Global Assessment Scale (C-GAS) and the North Carolina Child and Adolescent Functional

North Carolina Child and Adolescent Functional Assessment Scale (CAFAS). Prevalence estimates were adjusted for design effects.

Results

Of the 20.3% of the population who had one or more DSM-III-R disorders, 55% (11.1% of the population) met criteria for SED according to one or more of the three measures of impairment used (i.e., CAPA, C-GAS, or CAFAS). Boys and girls were equally likely to have SED. Of children in the sample with conduct disorder, 78.8% had SED, compared with 73.4% of those with depressive disorders, 91.3% of those with oppositional defiant disorders, and 73.1% of those with ADHD. Disorders least likely to be associated with functional impairment were anxiety disorders (45.8%), tics, and functional enuresis (32.6% each).

Children with SED used services at a higher rate than those with only a DSM diagnosis or only functional impairment. However, the majority of children with SED had received no mental health services from any service sector during the three months preceding the interview. Of children with SED, 19.2% had received services in the specialty mental health sector, 29.1% in the school system, 6% from primary care providers, 5.3% through child welfare agencies, and 2% through juvenile justice. In total, only 37.7% of children with SED received mental health care from any agency, compared with 6% of children with only a DSM diagnosis or functional impairment.

Conclusions

Use of the SED criterion will identify around one child in ten in the population, depending on the criteria used. These youth are much more likely than children with less severe symptoms to receive mental health care; however, only about one in three is currently receiving any form of care. Thus, adopting SED as the definition of need for care identifies a large gap between need and availability of services.

The Validity of Serious Emotional Disturbance as a Marker for Need for Services

Adrian Angold

The addition of functional impairment to diagnosis as a criterion for eligibility for various treatment and reimbursement programs reflects an attempt to focus scarce resources on those in greatest need. In this paper we explore some empirical evidence testing the hypothesis that children with SED have greater service needs than children with (a) functional impairment associated with psychiatric symptoms but no specific DSM diagnosis, (b) children with impaired functioning but few or no psychiatric symptoms,

(c) children with a DSM disorder but no functional impairment, or (d) children with neither psychopathology nor impairment.

Method

The Great Smoky Mountains Study's representative population sample of youth aged 9 - 13 (N = 1,015) was used for these analyses. Psychiatric symptoms were assessed by trained lay interviewers using the Child and Adolescent Psychiatric Assessment (CAPA), and service use across five service sectors was recorded using the Child and Adolescent Services Assessment (CASA). Service need was defined in the following ways: (a) use of specialty mental health services; (b) use of school counselors and school psychologists for emotional and behavioral problems; (c) parental report of economic, social, or psychological burdens associated with the child's symptoms; (d) report by parent or child that the child had a problem in one or more symptom areas; and (e) report by parent or child that help was needed because of such a problem.

Results

Children with SED had the highest rates of use of specialty mental health and school services, the highest rates of burden, reports of problems, and need for help. However, children with functional impairment, with or without some psychiatric symptoms, were more likely than children with a DSM-III-R diagnosis but no functional impairment to meet the various criteria of need for services. Between the first and second years of the study, there was a considerable amount of movement between categories for severity of disorder.

Conclusions

While the combination of a DSM diagnosis and functional impairment (SED) identifies children with high levels of need for services, service needs are also high in youth with less severe psychopathology but marked functional impairment. If these children are excluded from access to care because agencies adopt SED as the criterion for access to care, many children in need will be excluded. Furthermore, it will exclude from services children with less severe symptoms but high levels of functional impairment who are likely to move into full-blown SED without treatment.

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